2ND

DELAWARE COUNTY HEALTH DEPARTMENT

100 WEST MAIN STREET, ROOM 207
MUNCIE, INDIANA 47305
OFFICE (765)747-7721
FAX (765)747-7747

SWIMMING POOL - INSPECTION REPORT

NAME: Woods Edge   **TYPE OF POOL:** Seasonal

LOCATION / ADDRESS OF POOL   Woods Edge Ln. Muncie, IN 47304

SANITARIAN: Christiana Mann   **DATE:** 6/28/2010

An inspection of your swimming pool has been made this day and you are directed to correct conditions
marked with an (x).

A. Pool Structure:
1. Floors, Walls, Runways ( )
2. Scum gutters, Skimmers ( )
3. Ladders, Stairs, Stepholes ( )
4. Diving boards, Float, Depth ( )
5. Inlets, Outlets, Circulation ( )
6. Piping ( )
7. Fencing ( )
8. Other _____ ( )

B. Supplemental Facilities: N/A
1. Food Service
2. Emergency Equipment ( )
3. Other _____ ( )

C. Recirculation, Disinfection System
1. Filtration, Disinfection ( )
2. Other _____ N/A U/O

D. Buildings, Galleries, Enclosures
1. Walls, Floors, Ceilings, Part ( )
2. Lights, Heating, Ventilation ( )
3. Plumbing, Drainage ( )
4. Surroundings ( )
5. Appurtenances ( )
6. Other _____ ( )

E. Water:
1. Disinfect Level _____ ppm ( )
2. Freedom From Turbidity,
   Debris, Growths ( )
3. pH _____ ( )
4. Other _____ ( )

F. Showers, Toilets, Dressing Rooms
1. Clean, Adequate, Access ( )
2. Ventilation ( )
3. Hot, Cold water ( )
4. Soap, Towels ( )
5. Disinfection ( )
6. Lavatories ( )
7. Clothing Storage ( )
8. Refuse Containers ( )
9. Other _____ ( )

G. Records
1. Number of Bathers _____ ( )
2. Temp-water _____ (F) ( )
3. Operational Data OK ( )
4. Other _____ ( )

H. Bather Control
1. Cleansing Shower ( )
2. Communicable Disease ( )
4. Placards Displayed ( ) N/A
5. Common Comb, Towel N/A
6. Rented Suits and Towels
   Properly Handled and Clean N/A
7. Other _____ ( )

I. Hot Tub / Spa
1. Disinfect Level _____ ppm ( )
2. pH _____ ( )
3. Other _____ ( )
4. Other _____ ( )
5. Other _____ ( )
6. Other _____ ( )

Remarks: 2 WATER SAMPLES CAME back cleAR.
ORAY. TO RE OPEN.

Signature (Operator / Manager)   Doug Peru